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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 030	0000005		C	ITY OR TOW	N DUXBUR	Y
APPLICATION FOR RE	NEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: GE DOING BUSINESS A T	HE MILEPOST T					
ADDRESS 581 TREMO	NT ST					
CITY/TOWN: DUXBU	RY	STATE:	MA	ZIP CODE:	02332	
MANAGER: JOHNSO	N, JOHN F.TYPE	OF LICENS	SE: Restai	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICE ONE STORY BLDG WI' REAR. ENTRANCES OI IN THE REAR	TH DINING ROO	M,LOUNGI				
I hereby certify and swear	under penalties of	perjury that	t:			
2. the licensee ha	cense will be of the as complied with all re now open for bu	l laws of the	Commo	nwealth relating		
SIGNED BY	dividual, Partner or	Authorized	Corporat	e Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by named license and (2) the of 2010.	the building inspe	ctor and th	e head o	f the fire depai	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICEN By:	NSING AUTH	ORITY
DATE:						



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LICENSE NUMBE	ER: 030000006		CITY OR TOWN D	JXBURY
APPLICATION FO	OR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: WINSOR RES	STAURANT GROUP, IN	C	
DOING BUSINES	S A WINSOR HO	OUSE INN & RESTAUR	ANT	
ADDRESS 390 W	ASHINGTON ST			
CITY/TOWN: DU	JXBURY	STATE: MA	ZIP CODE: 02	2332
	CONNELL, VID M	TYPE OF LICENSE: Inn	holder CATE	EGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		OG. FIRST FLOOR; SEV E. SEVEN ENTRANCES		FLOOR; SEVEN
I hereby certify and	l swear under pena	alties of perjury that:		
1. the rene	wed license will b	e of the same type for the	same premises now lice	ensed;
2. the licer	see has complied	with all laws of the Comr	nonwealth relating to tax	xes; and
3. the pren	nises are now oper	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELEPI	HONE NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
			(1 total <u>1 to 1</u> marylat	iai Bociai Becurity Ivainoci)
Acts of 2004, sign	ed by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire departmen	t for the above
Please Check Below:			LOCAL LICENSING	3 AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 030000007		CITY OR TOWN	DUXBURY
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: DUXBURY V	TETERANS CLUB, INC.		
DOING BUSINES	S A			
ADDRESS WEST	& TREMONT ST	Γ		
CITY/TOWN: DU	JXBURY	STATE: MA	ZIP CODE:	02332
	MUZIO, ONARD JR.	TYPE OF LICENSE: Club	)	CATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	F LICENSED PRI	EMISES:		
BASEMENT WHI	CH HAS KITCHI	·G. 3 ENTRANCES ALSC EN,DINING ROOM,GAM RAGE ROOM. 2ND FLR;	E ROOM. MAIN	FLOOR;
I hereby certify and	swear under pena	alties of perjury that:		
1. the rene	wed license will b	e of the same type for the	same premises nov	w licensed;
2. the licer	see has complied	with all laws of the Comm	onwealth relating	to taxes; and
3. the pren	nises are now oper	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT In	ndividual Social Security Number)
Acts of 2004, sign	ed by the buildin	g inspector and the head	of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	oiain)			
DATE:			-	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 030000012		CITY OR TOWN	DUXBURY
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: OSBORNS CO	OUNTRY STORE,INC		
DOING BUSINI	ESS A OSBORN'S	COUNTRY STORE		
ADDRESS 632	SUMMER ST			
CITY/TOWN:	DUXBURY	STATE: MA	ZIP CODE:	02332
	SANDERS, GREGORY D	TYPE OF LICENSE:	Package Store C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRI	EMISES:		
EQUIPMENT. O	ONE PUBLIC ENTR	R IS AN UNUSED AT RANCE AND EXIT AT TH AND EAST SIDES	SOUTHWEST COR	
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	enewed license will b	e of the same type for t	he same premises now	licensed;
2. the lie	censee has complied	with all laws of the Co	mmonwealth relating t	o taxes; and
3. the pr	remises are now oper	n for business (If not ex	plain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Co	rporate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Below	<i>r</i> :		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	SING AUTHORITT
DISAPPROVED	D:		Dy.	
(If disapproved e	explain)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	030000013		CITY OR TOWN	DUXBURY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	AR
LICENSEE NAME:	JAY VEERAM CO	ORP.			
DOING BUSINESS A	BENNET'S GEN	IERAL STORE			
ADDRESS 136 TREM	MONT STREET				
CITY/TOWN: DUXI	BURY	STATE: MA	ZIP CODE:	02332	
MANAGER: PATE	L, AANAL TY	PE OF LICENSE: Pac	ckage Store CA	ATEGORY: All	l Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
2 STORY FRAME HO					
FLOOR. FIRST FLOO STORAGE SPACE IN				OF 4 ROOMS, W	/ITH
I hereby certify and sw			VI TREMOTTEST		
	_	the same type for the	same premises now	licensed:	
		h all laws of the Com	=		
	-	business (If not expl	_	) taxes, and	
5. the premise	s are now open for	ousiness (if not expi	um below)		
SIGNED BY					
SIGNED B I	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	RIDENTIFICATION	NUMBER:
			(Note: NOT Individual Social Security Number)		
Please Check Below:			LOCALLICENS	UNC AUTHORY	rs/
APPROVED:			LOCAL LICENS By:	ING AUTHORI	I I
DISAPPROVED:			By.		
(If disapproved explain	1)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03000	00015	CITY OR TOWN	DUXBURY
APPLICATION FOR RENE	EWAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JOSE DOING BUSINESS A DUX			
ADDRESS 1 WASHINGTO	ON & STANDISH STS		
CITY/TOWN: DUXBURY	STATE: M	A ZIP CODE:	02332
MANAGER:	TYPE OF LICENSE:	Package Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
TWO ROOMS ON FIRST F REAR FOR DELIVERIES	FLOOR FOR RETAIL SALES	WITH 2 ENTRANCES	S. ONE EXIT IN
I hereby certify and swear ur	nder penalties of perjury that:		
1. the renewed licen	ise will be of the same type for	the same premises now	licensed;
	complied with all laws of the Co	=	
	now open for business (If not ex	=	
SIGNED BY			
	idual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Places Cheek Palarry		Y O G AY Y Y G T Y Y	DVG AVENUA DVEVA
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
(			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)30000021		CITY	OR TOW	M DUXBURY	Y
APPLICATION FOR F	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS	\$			YEAR
LICENSEE NAME: I DOING BUSINESS A						
ADDRESS 282 ST. GF	EORGE STREET					
CITY/TOWN: DUXB	URY	STATE:	MA Z	ZIP CODE:	02332	
MANAGER: DURAL	NT, SUSAN TY	PE OF LICENSI	E:Package	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	OUR EMAIL AD	DRESS		_
DESCRIPTION OF LI	CENSED PREMI	SES:				
RETAIL SPACE WITH GEORGE STREET. T					FACING SAIN	T
2. the licensee 3. the premises	license will be of has complied with a are now open for	h all laws of the (	Commonwe	alth relating		
SIGNED BY	Individual, Partne	r or Authorized (	Corporate C	Officer		
DATE:	TELEPHON	NE NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LO By:		NSING AUTH	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 030000022		CITY OR TOW	N DUXBUR	Y
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 459 WA		IN, INC			
CITY/TOWN: DU		STATE: MA	ZIP CODE:	02330	
	SS, ROBERT S. TYPE			CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
FIRST FLOOR SHO	OP IN A MIXED USE	BUILDING WIT	H TWO MEANS O	F EGRESS FR	CONT
2. the licens	wed license will be of the see has complied with a sees are now open for b	all laws of the Con	nmonwealth relating		
	Individual, Partner of	or Authorized Cor	porate Officer		
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual Sci					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER:	)30000023		CITY OR TOW	N DUXBUR	Y
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 7	ΓSANG'S CAFE	, INC.			
DOING BUSINESS A					
ADDRESS 45 DEPOT	ST				
CITY/TOWN: DUXB	URY	STATE: MA	ZIP CODE:	02332	
MANAGER: TSANG	G, WAYNE TY	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	E EMAIL ADDRESS		
DESCRIPTION OF LI			A CERTICETURE W		va na
ON THE GROUND FI THE FRONT; ONE FR					
I hereby certify and swe	-				
		of the same type for the the the control of the Control	•		
	•	or business (If not ex		ig to taxes, and	
SIGNED BY					
]	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note. <u>NO1</u>	Individual Social S	security Number)
We the undersigned,					
Acts of 2004, signed by named license and (2)					
of 2010.			-	-	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED: (If disapproved explain	)				
(11 disapproved explain	,				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 030000024	(	CITY (	OR TOWN	1 DUXBUR	Y
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	THE VILLAG	GE AT DUXBURY HOME	INWC	ERS COOI	PERATIVE	
DOING BUSINESS	A THE VILLA	GE AT DUXBURY				
ADDRESS 290 KING	GS TOWN WA	Y				
CITY/TOWN: DUX	KBURY	STATE: MA	ZII	P CODE:	02332	
MANAGER: Alexa	ınder, Carey	TYPE OF LICENSE: Club		(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDF	RESS		
DESCRIPTION OF I	LICENSED PR	EMISES:				
	NING AREAS,	NT COMMUNITY COMPR BAR, MEETING ROOM,F				
3. the premis		n for business (If not explain				
DATE:	TELEPI	HONE NUMBER:	1)		ER IDENTIFICAT	
Acts of 2004, signed	by the buildin	e are in possession (1) the ag inspector and the head ate of liquor liability insura	of the	fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOC. By:	AL LICEN	NSING AUTH	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	030000028		CITY OR TO	JWN DUADUR	I
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BBC DUX INC				
DOING BUSINESS A	CASEY'S FINE	WINE & SPIRITS			
ADDRESS 35 DEPOT	ΓST				
CITY/TOWN: DUXI	BURY	STATE: MA	ZIP COI	DE: 02332	
MANAGER: CASE	Y, BONNIE TY	PE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
END UNIT OF A WORETAIL SALES AND					FOR
2. the licensee	has complied wit	f the same type for the hall laws of the Court business (If not ex	mmonwealth rela		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below:				CENSING AUTH	ORITY
APPROVED: DISAPPROVED:	٦		By:		
(If disapproved explain	 n)		-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J30000031		CITY OR TOW	N DUADUR	[
APPLICATION FOR F	RENEWAL:	Annual	LICI	ENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: 7 DOING BUSINESS A ADDRESS 8 CHESTN	WILDFLOWER (	CAFE			
CITY/TOWN: DUXB		STATE: MA	ZIP CODE:	02331	
MANAGER: BISSET		E OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM			]
2. the licensee	license will be of thas complied with	of perjury that: he same type for the all laws of the Comn business (If not expla	nonwealth relatin		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICAT Individual Social S	
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the head	of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 030000032		CITY OR TOWN	DUXBURY	?		
APPLICATION FOR RENEWAL: Annual			LICEN	LICENSED FOR 2013			
		CLASS	S		YEAR		
DOING BUSIN	AME: FOODIES DU		Γ				
ADDRESS 46	DEPOT ST						
CITY/TOWN:	DUXBURY	STATE:	MA ZIP CODE:	02332			
MANAGER:	LEON, VICTOR J	TYPE OF LICENS	E:Package Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS				
DESCRIPTION	N OF LICENSED PR	EMISES:					
RETAIL GRO	CERY STORE WITH	I ENTRANCE AND	EXIT AT FRONT AND	REAR OF B	UILDING		
I hereby certify	and swear under pen	alties of perjury that:					
1. the	renewed license will b	be of the same type for	or the same premises now	licensed;			
2. the 1	licensee has complied	with all laws of the	Commonwealth relating to	taxes; and			
3. the 1	premises are now ope	n for business (If not	explain below)				
SIGNED BY							
	Individual, Pa	rtner or Authorized (	Corporate Officer				
DATE:	TELEP	HONE NUMBER:	EMPLOYER	EMPLOYER IDENTIFICATION NUMBER:			
			(Note: NOT Ind	ividual Social So	ecurity Number)		
Please Check Belo	ow.		LOCAL LICENS	INC AUTHO	DITV		
APPROVED:			By:	ING AUTIK	JKII I		
DISAPPROVE	ED:		By.				
(If disapproved							
DATE:							



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LICENSE NUMBER: 0300000	35	CITY OR TOWN DUXBURY	
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: BRAMB	LEBUSH EATS, LTD		
DOING BUSINESS A THE S	UN TAVERN		
ADDRESS 500 CONGRESS S	T		
CITY/TOWN: DUXBURY	STATE: MA	ZIP CODE: 02332	
MANAGER: FRIEDMAN, LAWRENCE	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSE			
2 STORY STRUCTURE WIT PATRONS. ONE EXIT IN RE		Γ IN FRONT AND ONE IN REAR FOR	
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now licensed;	
2. the licensee has com	uplied with all laws of the Comi	monwealth relating to taxes; and	
3. the premises are nov	w open for business (If not expl	ain below)	
SIGNED BY			
Individu	al, Partner or Authorized Corpo	orate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
		(Note: NOT Individual Social Security Number	r)
Acts of 2004, signed by the be	uilding inspector and the head	ne certificate required by Chapter 304 of the dof the fire department for the above arance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NU	MBER: 030000037		CITY OR TOWN	DUXBUR	Y
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: DUXBURY	MARITIME SCHOOL, INC	C.		
DOING BUSI	NESS A DUXBURY	Y MARITIME SCHOOL,IN	C.		
ADDRESS 45	7 WASHINGTON S	TREET			
CITY/TOWN:	: DUXBURY	STATE: MA	ZIP CODE:	02332	
MANAGER:	LEONARD, CHARLES R.	TYPE OF LICENSE: Club	o C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	REMISES:			
DOORS ON T ADJACENT T	THE REAR DECK AITO THE BOAT SHE				GARAGE
		nalties of perjury that:			
		be of the same type for the	•		
	=	d with all laws of the Comm	_	to taxes; and	
3. the	premises are now ope	en for business (If not expla	in below)		
SIGNED BY	Individual, P	artner or Authorized Corpor	rate Officer		
DATE:	TEI EI	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	IELEI	FHONE NUMBER.			Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) the ing inspector and the head ate of liquor liability insur	of the fire depart	ment for the	above
Please Check Bel	ow:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI			-		
(If disapproved	d explain)				
DATE:					
DAIE.					



## The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0300000	)38	CITY OR TOWN DUXBUI	RY	
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: BO-TES DOING BUSINESS A BO-TE				
ADDRESS 1514 TREMONT S	STREET			
CITY/TOWN: DUXBURY	STATE: MA	ZIP CODE: 02332		
MANAGER: CAMPANELL THOMAS	I, TYPE OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO	) VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSE	D PREMISES:			
FIRST FLOOR CONSISTING INCLUDE FOOD AND WINE CONSISTING OF APPROX. I EXITS IN REARONE TO B	E/MALT PRODUCTSFULL 1914 SQ FTONE ENTRANC	BASEMENT BELOW FOR ST	ΓORAGE	
I hereby certify and swear unde	er penalties of perjury that:			
•	will be of the same type for the	same premises now licensed;		
2. the licensee has com	nplied with all laws of the Com	monwealth relating to taxes; and	1	
3. the premises are nov	w open for business (If not expl	ain below)		
SIGNED BY Individu	nal, Partner or Authorized Corpo	orate Officer		
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below:		LOCAL LICENSING AUTI	HORITY	
APPROVED:		Ву:		
DISAPPROVED:		·		
(If disapproved explain)				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 030000039		CITY OR TOWN	DUXBURY	Y
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	KBBJ MARKETPI	LACE INC.			
DOING BUSINESS	A SANDY LAMBE	RT'S MARKETPL	ACE		
ADDRESS 277 SAI	NT GEORGE STREE	ET			
CITY/TOWN: DUX	XBURY	STATE: MA	ZIP CODE:	02332	
MANAGER: BAR	RY, SANDRA TYP	E OF LICENSE: Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS			GEODGE	
	ORS IN REAR FOR		DOORS FACING ST	GEORGE	
2. the licens		all laws of the Com	e same premises now amonwealth relating to dain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u><b>NOT</b></u> Ind		TON NUMBER: ecurity Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUM	IBER: 030000040		CITY	OR TOWN	DUXBURY	<i>T</i>	
APPLICATION	FOR RENEWAL:	Annual		LICEN	NSED FOR 20	)13	
		CLASS				YEAR	
DOING BUSIN	ME: DUXBURY YACHT ESS A WASHINGTON STREET	CCLUB					
CITY/TOWN:	DUXBURY	STATE: MA	ZI	P CODE:	02332		
MANAGER:	HART, DOUGLAS TYPE	OF LICENSE: Clu	b	C	CATEGORY:	All Alcohol	
EMAIL ADDRE							
	PLEASE ALSO VISIT OUR WEBS		IAIL ADD	RESS			
SURROUNDIN DINING ROOM WEST SIDE OF THE PANTRY.	DESCRIPTION OF LICENSED PREMISES:  FITZGIBBONS HOUSE- WOOD STRUCTURE HOUSE (1,255 SQ.FT.) THREE -CAR GARAGE, SURROUNDING LAWNS AND PARKING LOT. PRIMARY ENTRANCE ON EAST SIDE INTO DINING ROOM: ADDITIONAL EXITS FROM EAST AND SOUTH WALLS OF LIVING ROOM; WEST SIDE OF STUDY; AND, NORTH SIDE OF THE DINING ROOM THROUGH A HALL PAST THE PANTRY. ALSO, SEASONALLY ENCLOSED PORCH 18X12' (216 SQ.FT) AND EXTERIOR STONE PATIO 27'X22' (594 SQ.FT)						
I hereby certify a	and swear under penalties of	f perjury that:					
1. the re	enewed license will be of the	e same type for the	same p	remises nov	v licensed;		
2. the li	censee has complied with a	ll laws of the Comm	nonwea	lth relating	to taxes; and		
3. the p	remises are now open for bu	usiness (If not expla	in belo	ow)			
SIGNED BY	Individual, Partner or	r Authorized Corpo	rate Of	ficer			
DATE:	TELEPHONE	NUMBER:	(1		ER IDENTIFICAT		
Acts of 2004, si	igned, attest that we are in igned by the building inspo and (2) the certificate of li	ector and the head	of the	fire depar	tment for the	above	
Please Check Below APPROVED: [DISAPPROVEI] (If disapproved of	D:		LOC By:	CAL LICEN	SING AUTHO	ORITY	
DATE:							



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LICENSE NUMBER: 03000	00041	CITY OR TOWN	DUXBURY			
APPLICATION FOR RENI	EWAL: Annua	al LICEI	LICENSED FOR 2013			
	CLAS	SS	YEAR			
LICENSEE NAME: DUX	BURY YACHT CLUB					
DOING BUSINESS A						
ADDRESS 70 FAIRWAY I	LANE					
CITY/TOWN: DUXBURY	STATE:	MA ZIP CODE:	02332			
MANAGER: HART, DOU	JGLAS TYPE OF LICENS	SE:Club	CATEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	<del></del>			
DESCRIPTION OF LICEN	SED PREMISES:					
SPRAGUE/PARKER CLUI GOLF COURSE, OUTDOO WEST AND NORTH SIDE PORCH 168.5'X12' RORAI	OR POOL AND TENNIS CO COF GREAT ROOM WITH	OURTS. NINE SETS OF	DOORS ON SOUTH,			
I hereby certify and swear un	nder penalties of perjury that	t <b>:</b>				
1. the renewed licer	nse will be of the same type t	for the same premises no	w licensed;			
	complied with all laws of the	•	to taxes; and			
3. the premises are	now open for business (If no	t explain below)				
SIGNED BY Indiv	idual, Partner or Authorized	Corporate Officer				
DATE:	TELEPHONE NUMBER:		ER IDENTIFICATION NUMBER:			
		(Note: NOT I	ndividual Social Security Number)			
Acts of 2004, signed by the	et that we are in possession e building inspector and th certificate of liquor liabilit	e head of the fire depar	tment for the above			
Please Check Below:		LOCAL LICEN	ISING AUTHORITY			
APPROVED:		By:				
DISAPPROVED:						
(If disapproved explain)						
DATE:		-				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03000	00042		CITY OR TOWN	DUXBURY	Y
APPLICATION FOR RENE	EWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DUXI DOING BUSINESS A ADDRESS 23 MATTAKER		В			
CITY/TOWN: DUXBURY		ATE: MA	ZIP CODE:	02332	
MANAGER: HART, DOU	~			CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	IAIL ADDRESS		J
2. the licensee has c	M KITCHEN ON SO DOORS ON EAST O D 15.5'X70' TOTALI	OUTH SIDE, OR WATERF NG (1,085 So ary that: e type for the s of the Comm	AS WELL AS 2 E RONT SIDE TO A Q.FT0  same premises now nonwealth relating	EXITS ON THA ROOFED PO	
SIGNED BY Indiv	dual, Partner or Auth	orized Corpo	rate Officer		
DATE:	TELEPHONE NUM	BER:		ER IDENTIFICAT	
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	building inspector	and the head	of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 03000036		CITY OR TOWN	DUXBURY
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PILGRIM G	OLF LLC		
DOING BUSI	NESS A NORTH H	ILL COUNTRY CLUB		
ADDRESS 47	MERRY AVENUE			
CITY/TOWN:	DUXBURY	STATE: MA	ZIP CODE:	02332
MANAGER:	SHEEHAN, EMMETT S.	TYPE OF LICENSE: Rest	aurant CAT	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PI	REMISES: STING OF BAR AREA, GR		
UNITS ON THE ENTRANCES	HE FIRST FLOOR V AND EXITS: THRI ORAGE UNIT, ONI	JRING 84X10' AND 70'X10 VITH ADDITIONAL STOR EE DIRECTLY INTO THE E INTO THE KITCHEN, AI	AGE IN BASEMEN GRILL ROOM, ONE	TSIX EINTO THE
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	same premises now lie	censed;
	<u>*</u>	ed with all laws of the Comm	•	axes; and
3. the	premises are now op	en for business (If not explain	in below)	
SIGNED BY	Individual, F	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire departme	ent for the above
Please Check Belo	ow:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	л ехріані <i>)</i>			
DATE:			-	